

LOG OF WORK RELATED INJURIES AND ILLNESSES

Michigan Department of Licensing and Regulatory Affairs
Michigan Occupational Safety and Health Administration (MIOSHA)

ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Form Approved OMB No. 1218-0176

Year 20

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet
any of the specific recording criteria listed in Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and
Reporting of Injuries and Illnesses. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (MIOSHA Form 301) or equivalent form for each injury or
illness recorded on this form. If you're not sure whether a case is recordable, call your local MIOSHA office for help. You may be fined for failure to comply.

ESTABLISHMENT NAME	
CITY	STATE

	IDENTIFY THE PERSON	DESCRIBE THE CASE CLASSIFY TH					THE CASE									
(A) Case No.	(B) Employee's Name Job	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness	l		Using these four categories, check ONLY the one most serious result for each case:					e number of injured or ill vas:	Che cho (M)	eck the cose or	"injury" ne type	colum of illne	in or ∋ss:
			(month/day)		Second degree burns on right forearm from acetylene torch)	Death	away from work		nained at work Other recordable cases	Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning Hearing Loss	Teaning Loss All other illness
						(G)	(H)	(1)	(L)	(K)	(L)	(1)	(2)			5) (6)
										` ′	. ,					
	orting burden for this collection of information is estimal gather the data needed, and complete and review the				Page totals	0	0	0	0	0	0	0	0	0	0 0) 0

Michigan Department of Licensing and Regulatory Affairs, MIOSHA, TSD, 530 West Allegan Street, P.O. Box 30643, Lansing MI 48909-8143. (517) 284-7788 Do not send the completed forms to this office.

information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data

MIOSHA-300 (rev. 08/15) Effective 01/01/2004

Hearing Standard Threshold Shifts must be recorded under Column 5

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Skin Disorder
Respiratory
Condition
Poisoning

Page

(1) (2) (3) (4) (5) (6)

